MILWAUKEE COUNTY				
BEHAVIORAL HEALTH DIVISION	04/18/85	Alpha "E"	ADM# 015	1 of 4
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PURPOSE: To assist Behavioral Health Division (BHD) staff in dealing with ethical issues

that may arise in staff-client relationships and social contacts.

DEFINITIONS RELATED TO THIS POLICY

STAFF: All Behavioral Health Division employees, clinical and non-clinical; students/trainees; volunteers; and employees providing services to BHD under affiliation or contract agreements.

CLIENT: Any individual who is or was registered in a treatment program within the previous two years. These programs include all BHD operated and contracted programs.

SOCIAL CONTACT: Contacts, planned or unplanned, that are not part of a recovery plan or scheduled client activity.

DUAL RELATIONSHIP: A dual relationship exists when a staff member is in a professional role with a client and:

- 1) is, or plans to be, in another role with the client or;
- 2) is, or plans to be, in a relationship with another person closely associated with the client.

Examples of common dual relationships: past/current/future relative, spouse, significant other, friend, church member, colleague, student, and provider or recipient of services.

POLICY/STATEMENT

All staff members are expected to comply with BHD policies, Milwaukee County Civil Service Rules, and other Milwaukee County policies concerning client/staff relationships.

It is the responsibility of all staff to ensure a safe, recovery-focused milieu for clients. Clients have a right to expect staff to interact with them in a therapeutic and respectful manner. Staff members are expected to abide by professional ethical guidelines and to meet their own personal, interpersonal and sexual needs outside of the work situation. Interactions with clients are focused on identifying and meeting the client's recovery needs. BHD recognizes that there are situations in which clients may have unintentional or coincidental contact with individual staff members. When this occurs, staff must take steps to protect client confidentiality and comply with this policy as reasonably able. It is imperative that staff avoid any actions that may be perceived as the giving or receiving of special favors in regard to specific clients.

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All professional staff members are expected to abide by the specific codes of ethics which govern their professions. Professional codes may be more restrictive than this policy. If there is a conflict between professional codes of ethics and employment practices or policies, professionals will attempt to resolve the conflict by seeking consultation.

POLICY GUIDELINES

A. STAFF/CLIENT CONTACT

If a staff member has a dual relationship with a client, any potential contact during treatment will be determined on an individual basis by the client and the Treatment Director and/or Program Manager. If the client is receiving inpatient care, and visitation is approved, staff may visit during normal visiting hours only. These contacts are permitted only on off-duty time.

When a staff member becomes aware of the potential for a dual relationship because of an admission to a staff member's clinical program, the staff member will notify his or her supervisor. Alternatives such as other treatment programs/units or a change in staffing patterns should be considered. If a dual relationship cannot be reasonably avoided, steps will be taken to minimize the potential for undesirable consequences. The same considerations should be given when a dual relationship is foreseeable in the future (e.g., someone about to be admitted is highly likely to become a neighbor, relative, student, etc.).

Staff members who are also employed or regularly involved in other settings should pay particular attention to the potential for dual relationships. It may be advisable for staff to seek consultation in order to weigh various factors such as the nature, degree, and frequency of contact. Potential conflicts of interest and the perceived impact on the client's recovery (both positive and negative) should be considered.

- 1. Contacts permitted between staff and clients are as follows:
 - a. respectful greetings acceptable in any setting
 - contacts related to assessment, treatment planning, and clinical interventions/activities either on or off BHD grounds
 - c. contacts that occur by chance alone, either on grounds or off grounds
- 2. Staff members will not have routine social contacts with clients. Any specifically planned social contact (e.g., attendance at a funeral, wedding, graduation, performance) will be discussed with one's supervisor or department head and other treatment team members, current treating providers, and/or clinical consultants to review the potential risks and benefits for the client. Such contacts should be documented in the medical record (see item 6 below).

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- 3. Chance social contacts with clients either on grounds or in the community will be kept brief and to the point. If prolonged, frequent, or disturbing contacts occur, staff will report such contact immediately to his or her supervisor and/or department head. The department head or supervisor, in consultation with treating professional staff, will determine the appropriate course of action and whether or not such contact should be documented in the medical record (see item 6 below).
- 4. Staff members will not place personal calls to clients or give their personal telephone numbers, home addresses, or personal email addresses to clients except where approved by a supervisor, in consultation with other treating providers as clinically indicated. Such decisions should be consistent with the client's recovery plan and/or risk management considerations and documented in the recovery plan and/or other section in the medical record (see item 6 below).
- 5. Staff members will not give items of value (e.g., money, cigarettes, furniture) to clients except under rare circumstances if clinically justified and approved by a supervisor. During the consultation, careful consideration should be given to the impact that giving or failing to give the item could have on the client, other clients, and the community. Whenever possible, before and/or after consulting with a supervisor, staff should make an effort to communicate with clinical professionals who have current and/or relevant knowledge of the client in order to obtain/provide information regarding the potential giving of the item. Although the monetary value of an item is one consideration, all gifts have potentially significant clinical meaning and should be treated as such regardless of monetary value. Staff should make it clear that the item is being given in the context of their professional role. Documentation of such decisions should be made in the medical record (see item 6 below). This section (item 5) also applies to client's family members, guardians, and significant others.

For questions regarding receiving items from clients, please see the Behavioral Health Division Policy on Accepting Gifts.

6. Documentation of the above consultations and events should include the name of the consulting supervisor, providers contacted, decision, rationale, client contacts, and outcome. The medical record may need to be requested for clients not currently registered in a program.

B. SEXUAL BEHAVIOR

- 1. Sexual contact of any kind between staff members and clients is strictly forbidden.
- 2. Staff members will be sensitive to how attire may be perceived as sexually suggestive or provocative and dress appropriately, consulting as needed if there are any concerns in this regard.
- 3. Use of sexually suggestive language, sexual ridicule, and sexual harassment are forbidden.
- 4. Physical touch should be used with discretion and never for the purpose of sexual degradation, arousal, gratification or meeting the staff member's own needs.

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FAILURE TO FOLLOW POLICY

It is expected that staff members will immediately report any incident or potential incident related to this policy to appropriate supervisors, department heads, and/or management. Violation of this policy is considered just cause for disciplinary action and reporting to appropriate authorities (See References). In the case of a licensed professional staff member for whom there is reasonable cause to suspect an incident of sexual contact, sexual intercourse, sexual exploitation or abuse of a client, Administration shall report this to the appropriate licensure board of the Department of Regulation and Licensing and other organizations as mandated. Any additional ethical violations may also be reported to appropriate bodies.

REFERENCES AND ADDITIONAL RELEVANT POLICIES:

Civil Service Rule VII, Section 4: causes for suspension, demotion or discharge

Wisconsin Statute 940.29 re: client abuse, neglect or ill treatment

Wisconsin Statute 940.22 re: sexual exploitation by therapist

Wisconsin Statute 940.225 re: sexual assault, specifically of a person who suffers from mental illness

Policy # MS 6.1.5 Ethics Committee Consultation

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BHD Code of Ethics

Milwaukee County Ethics Board Adopted Resolution on Personal Use of County Property

Code of Ethics in Chapter 9 Milwaukee County Code of General Ordinances

Behavioral Health Division Policy on Accepting Gifts (Milwaukee County Department of Health and Human Services Policy #87-01)

Revised 6/25/13	ommittee	
Reviewed and approved by:		
	Kathie Eilers,	BHD Interim Administrator